



Sports Camp

August 16 - 19
8:30 a.m. - 11:30 a.m.
K - 5th grade
Ivy Memorial Baptist Church



Registration Form

Participant's Name _____

Parents'/Guardians' Names _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Age: _____ Birthday: ____/____/____ School Grade Completed: _____

Do you go to Sunday School? _____ If so, where? _____

If you are visiting our church, who are you a guest of? _____

How did you hear about Sports Camp? _____

Medical or other information we need to know: (Please include any food allergies.)

Emergency Contacts Besides Parents:

Name _____ Phone _____

Name _____ Phone _____

Name of person(s) other than parents authorized to pick up your child: _____

If applicable, name of person(s) **NOT** authorized to interact with your child (just for added security): _____

May we have permission to photograph you child? **Yes No**

May we have permission to use your child's photograph in church publications for the purpose of promotion? **Yes No**

May we have permission to use your child's photograph on our website (group shots only - no text)? **Yes No**

RAIN OR SHINE!

***Tennis Shoes Required!!**

